

THE CITY OF SAN DIEGO

Please mail this application or come by our office located at 1200 Third Avenue, Suite 800, San Diego, CA 92101. We will notify you when the permit is ready for pick-up. The fee is \$40.00. Checks payable to the City Treasurer.

NOISE PERMIT APPLICATION

(Service Hours: 8:00 a.m. - 4:00 p.m., Monday through Friday)

Please Type or Print Legibly.			
EVENT LOCATION:			
DATE OF EVENT:	TIME OF EVENT:	Start	Stop
EVENT DESCRIPTION OR CONST	TRUCTION TYPE:		
NOISE SOURCE (e.g., live band, D.	I, microphone, construction	equipment, etc.)	:
IS EVENT INDOOR OUT Applicant's Name (<i>Please print</i>):	TDOOR? NUI	MBER OF GUE	
Name of Company or Organization (If			
Applicant Address:			
City, State and	ł Zip Code		
Applicant Phone Number: (Day) ((Ev	/e) <u>()</u>	
Applicant Signature		Today's Date	:
Construction Applicants Only	Thomas Brot	hers Page:	
(Cr	TY DEPARTMENT USE ONLY)		
ELIND: DEPT: ORG	: IOB OBDEB:	ACC	OUNT: 4146

Complete this portion of the application if your event is in a residential area and will affect others. **All residents within 300 feet of the event** location are to sign the application below and indicate if they AGREE or DISAGREE with the issuance of a Noise Permit for the specified event. **For nighttime construction, all residents within 500 feet must be notified and sign this form**. Attach additional page(s) if necessary.

			to
Event Description	Day of Week	Date	Time of Event
Name	Address	Phone	Agree or Disagree
I certify that the above sign or 500 foot radius of the pla	atures are valid and that they reanned event.	epresent all affected	properties within a 300
Signature of Applicant			